



**Port Sanilac Area
Business Association**

PSABA Membership Application

2026

Business/Organization Name: _____

Business Address: _____

Contact/Representative: _____

Business Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Brief description of Business: _____

What would you like to see the PSABA accomplish:

Annual Membership Dues **\$100.00**

I would also like to be included in the following:

Music in the Park

Sign Sponsor \$100.00 _____

Snack Sponsor \$50.00 _____

Additional Contribution for Village Events:

Port Sanilac Fireworks _____

Beautification in Village (flowers, etc.) _____

Antique Boat & Camper Show _____

Festival of Lights _____

TOTAL: _____

As a member of the PSABA, each paid member is entitled to one (1) vote. Membership must be current to vote. Information from membership forms will be put into a database for mailing/contact purposes. It is our intent that all members have access to this information.

Please mail your Membership form and payment made out to PSABA by January 31, 2026, to:

PSABA

P.O. Box 402

Port Sanilac, MI 48469

I understand that by signing this application I agree with the purpose of the Port Sanilac Area Business Association and will adhere to its bylaws, rules, and regulations.

Signature: _____ Date: _____